Learning what they live: The impact of witnessing family violence on infants, children, and adolescents

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Children Learn What They Live
By Dorothy Law Nolte[*]

If children live with criticism,
They learn to condemn.
If children live with hostility,
They learn to fight.
If children live with ridicule,
They learn to be shy.
If children live with shame,
They learn to feel guilty.
If children live with encouragement,
They learn confidence.
If children live with tolerance,
They learn to be patient.
If children live with praise,
They learn to appreciate.
If children live with acceptance,
They learn to love.
If children live with approval,
They learn to like themselves.
If children live with honesty,
They learn truthfulness.
If children live with security,
They learn to have faith in themselves and others.
If children live with friendliness,
They learn the world is a nice place in which to live.

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EXECUTIVE SUMMARY

Family violence is a pervasive and complex social problem in Canada. In ***Taking Action Against Violence***, the 2006-2012 Action Plan for the Violence Prevention Initiative, one of its reported strategic priorities is to enhance research and development in the area of violence. One of the key concerns identified for research is the compilation and assessment of the issues surrounding the psychological and emotional impacts of family violence on children.

Abuse includes both physical and sexual assault and financial abuse, and is usually accompanied by verbal and emotional abuse. Abuse occurs in the context of intimate and non-intimate relationships. With family violence, there is a risk of immediate and permanent physical harm, even death. Current thinking has evolved to recognize that children who experience violence or witness it are likely to experience similar consequences to those who are the direct targets of abuse. The Public Health Agency of Canada in 1996 reported that there is consensus for recognizing that children are likely to see, hear, or be aware of more incidents of domestic violence rather than fewer.

The Violence Prevention Initiative (VPI) commissioned a literature review to help inform those who work or deal with this issue at home in their communities or as professional service providers and policy makers. This report:

- offers a description of methodology and key definitions;
- provides an over view of the literature available from the perspective of infants and toddlers, school-age children, and youth;
- examines particular concerns with respect to gender issues, aboriginal children, immigrants, domestic homicide, and research gaps;
- offers recommendations for future work in program and policy development.

Some of the behaviours seen in children who witness family violence appear in clusters, at other times, they represent a change in the child's demeanour, behaviour, and/or health. These behaviours fall into emotional, physical, social, cognitive, and developmental areas.
While researchers have identified impacts of witnessing violence that can be discussed generally as described above, it is also useful to look at these impacts by specific age groups: infants and toddlers (0 to 3 years), pre-school and school age children (3 to 12 years) and teens (13-16). If we are to develop effective interventions to help children recover from their exposure to violence, we must also be sure they are appropriate for the child's age, gender, culture, and development.

There is a growing body of evidence that suggests exposure to family violence, even in utero, has significant effects on infants and toddlers. For example, infants and toddlers who are exposed to family violence develop adaptive responses and the coping responses they develop also create barriers to living normally.

Different groups of people may experience the same phenomenon in different ways. Gender, culture, ethnicity, race, and social class are factors which influence how people receive and interpret information. Girls may develop self-destructive behaviours (turn inward), suffer further abuse at the hands of boyfriends and male partners later in life, or try having a baby as a means to

have someone who will love them. Boys may express this pain outward, be violent toward others, be aggressive, or become abusive in their own dating relationships.

Aboriginal children face racism, social marginalization, and poverty. Aboriginal women see losses in community wisdom, knowledge and leadership for their people. Young people do not have role models who can provide effective guidance in being adults, developing healthy relationships and lifestyles, and promoting cultural pride. Immigrant children who have witnessed violence (either in the home or their community) show similar signs of stress, usually associated with PTSD. The challenges of living in a new country, perhaps learning a new language, and adjusting to new social, cultural, religious and community norms may create other sources of stress in the family unit

The literature reviewed for this paper is clear that there are short term and long term consequences in witnessing violence as a child, and these consequences vary with age, gender, and culture. There is also evidence showing that not all children are doomed to replicate their childhood family dynamic as adults. High self-esteem and "psychological hardiness" are protective factors that help to mitigate the effect of witnessing violence.

The literature review found there were key gaps in our knowledge. There is:

- little local research focusing on the experience of children in Newfoundland and Labrador
- very little is available in the form of first person stories by children about their experiences
- need analysis and assessments to understand the impact, if any, of witnessing media violence in children who experience family violence
- Examine the impacts on children who witness or experience the murder of their parent

The research is conclusive. Living in an environment where there is family violence can have a devastating impact on a child's overall cognitive, social, emotional and physical development because: the impact is long term; the impact is far reaching; the home is a "toxic" environment; and children are vulnerable.

Future actions must address the issue comprehensively, sensitively and creatively; support mitigating factors which contribute to healthier outcomes; recognize the impacts on them and the families and communities in which they live; and develop and implement positive, remedial and supportive responses.

RECOMMENDATIONS

1) When preparing appropriate interventions, program and policy makers must

- include providing external supports to the mother and children (resources such as safe housing, transportation, and counselling and effective parenting techniques especially to restore confidence in the mother).
- build in additional training for health care, social service, justice and community based helping professionals so they may respond appropriately and sensitively to children's needs

- develop effective screening tools for risk assessment and service provision
- develop gender appropriate responses for girls and boys who are witnesses to family violence
- develop culturally appropriate responses for aboriginal children that address poverty and racism as part of the continuum of violence and including a component addressing issues of sexual abuse
- work with immigrant communities and cultural groups to assess the needs of immigrant children and their families who are living with domestic abuse

2) The Violence Prevention Initiative work with Memorial University, other academic institutions and community based agencies to research issues related to child witnesses of family violence including

- how expectations about gender roles inform the responses girls and boys have to the violence they witness as this may be a factor in how effective intervention programs may be with respect to supporting healthy relationships, coping with stress and managing their fear and anger
- adapting and innovating new models of intervention including prevention and early intervention as well as crisis response to meet the needs of children in this province
- assessing the impact of domestic homicide (including murder suicide) on survivor children and child witnesses

3) The Violence Prevention Initiative should commission the creation of a document recording the voices and experiences of children who have witnessed family violence to share their experiences and to support recovery and the development of healthy coping mechanisms.

To break the cycle of violence effectively, we must address its roots comprehensively, sensitively and creatively. Children learn what they live, and if violence is part of their experience growing up, it will clearly be a part of their lives as adults. The research has also demonstrated that mitigating factors do contribute to healthier outcomes. We must take steps to recognize the impacts on them and the families and communities in which they live. We must develop and implement positive, remedial and supportive responses so they may grow to be a generation of healthy loving and caring individuals.

Interventions, either at program or policy levels, should incorporate tools and processes which offer extensive social support at the time children are exposed to the violence, promote long term secure attachments to significant people such as friends, parent or family members, and encourage the development of supportive relationships in adulthood.

I. INTRODUCTION

Family violence is a pervasive and complex social problem in Canada. In ***Taking Action Against Violence***, the 2006-2012 Action Plan for the Violence Prevention Initiative, one of its reported strategic priorities is to enhance research and development in the area of violence (Action Plan, 26). One of the key concerns identified for research is the compilation and assessment of the issues surrounding the psychological and emotional impacts of family violence on children.

Abuse includes both physical and sexual assault and financial abuse, and is usually accompanied by verbal and emotional abuse. Abuse occurs in the context of intimate and non-intimate relationships. With family violence, there is a risk of immediate and permanent physical harm, even death. The American Academy of Child and Adolescent Psychiatry (May 2008) notes that children who have been physically and emotionally abused may display variety of behaviours as a consequence of living with violence such as:

- a poor self image
- fear of entering into new relationships or activities
- sexual acting out
- anxiety and fears
- inability to trust or love others
- school problems or failure
- aggressive, disruptive, and sometimes illegal behavior
- feelings of sadness or other symptoms of depression
- anger and rage
- flashbacks, nightmares
- self destructive or self abusive behavior, suicidal thoughts
- drug and alcohol abuse
- passive, withdrawn or clingy behavior
- sleep problems

1.1 Extent of the problem

The Canadian Incidence Study of Reported Child Abuse and Neglect (2003) reports a significant increase in the number of substantiated family violence referrals made to child welfare agencies across Canada. In a later report (2005), the CIS notes that the rate of substantiated maltreatment in Canada, excluding of Quebec, has increased 125%, from 9.64 substantiated cases per thousand children in 1998 to 21.71 in 2003. The study's researchers suggest this increase in may be explained by improved and expanded reporting and investigation procedures such as:

- changes in case substantiation practices;
- more systematic identification of victimized siblings, and
- greater awareness of emotional maltreatment and exposure to domestic violence. (CIS, 2005)

During 2003 there were 35,116 substantiated investigations involving exposure to domestic violence, while another 6,654 cases were suspected (CIS, 2003). More of the cases of physical and sexual abuse were in older children, and more exposure to domestic violence was in younger children (CIS, 2005).

The 2004 General Social Survey also confirms that children witnessed spousal assaults in a substantial number of cases. "Witnessing" violence in this survey included seeing or hearing incidents of violence. It is estimated that over a five-year period at least 258,000 children were aware of spousal violence against their mothers (reported by 40% of female victims of spousal violence) and 136,000 knew of assaults on their fathers (reported by 25% of male victims). Further data drawn from 2004 General Social Survey (GSS) indicates there has not been any change in the percentage of Canadians (7%) 15 years of age and over in a current, previous, or common-law union who experienced spousal violence in the previous five years.

The same survey found that female victims of spousal violence were three times more likely than male victims to fear for their life (34% versus 10%) and three times more likely to take time off from their everyday activities because of the violence (29% versus 10%). Individuals between the ages of 15 and 24 who have been in a common-law relationship for three years or less, and whose partner is a frequent heavy drinker, are at an increased risk of experiencing violence at the hands of their intimate partner.

According to Statistics Canada, its most recent data shows that women continue to experience higher rates than men of sexual assault, stalking, serious spousal assaults and spousal homicide (Measuring Violence Against Women Statistical Trends, 2006).

1.2 Family violence in Newfoundland and Labrador

According to Iris Kirby House staff, in 2004-2005, the St. John's shelter received a total of 9,900 crisis calls that included 826 distress calls, 826 calls from ex-residents and 7,974 other calls related to abuse.

Statistics Canada (2005) reports that during 2004-2005, there were 1,084 admissions of women and dependent children to shelters in Newfoundland and Labrador. In 2006, that number increased to 1,125 admissions of women and dependant children (Statistics Canada, 2007). Statistics Canada Transition House Survey over two years shows some interesting trends:

Table One: Statistics Canada Transition Home Survey (NL)		
Women's reasons for fleeing	**2005**	**2006**
Psychological Abuse	100%	97%
Physical Abuse	67%	73%
Threats	60%	44%
Harassment	33%	45%
Financial Abuse	20%	36%
Sexual Abuse	13%	42%

The Transition House Survey report also noted this data for the province (Statistics Canada 2007):

> *About four out of ten (39%) women escaping abusive situations were admitted with their children; 60% of these children (25) were under 10 years of age.*
>
> *One-fifth of women with parental responsibilities who were admitted for abuse indicated that they were also protecting their children from abusive situations such as physical abuse, witnessing the abuse of their mother (11%), psychological abuse (11%), and threats (6%).*

A new and disturbing trend has been domestic homicides, some of which have been witnessed by children. Just before the research project began, people in this province were horrified in January 2008 to learn of the death of a young woman by an acquaintance who later committed suicide. The young woman's attack was witnessed by her toddler (See Appendix A: Boy may have witness mother's murder). In May 2008, the nation was shocked to hear of the murder suicide in Edmonton, Alberta where a man killed his wife, their tenant and two children before killing himself in his surviving infant's room (See Appendix B: Police call 5 deaths in northwest Calgary a 'domestic homicide'). In this province, the RCMP now categorize an event as domestic abuse in media releases.

1.3 Research Purpose

Current thinking has evolved to recognize that children who experience violence or witness it are likely to experience similar consequences to those who are the direct targets of abuse. The Public Health Agency of Canada in 1996 reported that there is consensus for recognizing that children are likely to see, hear, or be aware of more incidents of domestic violence rather than fewer. Of particular concern is that the PHAC report states

> *"best estimates indicate that three to five children in every Canadian school classroom have witnessed their mother being assaulted."*

According to the Royal Canadian Mounted Police (2007), exposure to family violence is the most common form of emotional maltreatment of children. Further, where there is violence between domestic partners, the RCMP have found there is also direct child abuse in 30% to 60% of cases. Other issues include short and long-term emotional, behavioural and developmental problems, including post-traumatic stress disorder. Most importantly, the RCMP report observes:

> ***It is now known that witnessing family violence is as harmful as experiencing it directly.*** *Often parents believe that they have shielded their children from spousal violence, but research shows that children see or hear some 40% to 80% of it. Children who witness family violence suffer the same consequences as those who are directly abused. In other words, a child who witnesses spousal violence is experiencing a form of child abuse.*[2,3] *(Emphasis added)*

We also know from the national Transition House Survey that

> *the most common sources of referral for women residing in shelters on April 19, 2006, were: self-referral (41%), another transition house (22%), hospitals, doctors, nurses, other healthcare practitioners or hospital social workers (14%), and some other community group (7%) (Statistics Canada, 2007).*

In winter 2008, the Violence Prevention Initiative (VPI) commissioned a literature review to help inform those who work or deal with this issue at home in their communities or as professional service providers and policy makers. This report:

- offers a description of methodology and key definitions;
- provides an over view of the literature available from the perspective of infants and toddlers, school-age children, and youth;
- examines particular concerns with respect to gender issues, aboriginal children, immigrants, domestic homicide, and research gaps;
- offers recommendations for future work in program and policy development.

[2] http://www.rcmp-grc.gc.ca/crim_prev/child_abuse_e.htm
[3] Appendix A contains a list of terms describing various types of child abuse.

II. Methodology

Data collection began in late February 2008 and concluded in July 2008 with a result of almost 250 current references for review. Most of this material was produced after 2000, but we have included several key references to landmark work produced in the late 1990s. The researcher carried out the search for documentation using key word searches on Internet-based databases and websites. As needed, we added new search terms to address themes which emerged. In sum, the terms used included:

- Child witnesses of family violence
- Long term impacts of (witnessing) family violence
- Aboriginal children and family violence
- Immigrant children and family violence
- Impacts of witnessing violence
- Cognitive and behavioural impacts on children of family violence
- Effective parenting
- Intervention techniques
- Guidelines for helping child witnesses
- Resources for children who have witnessed family violence
- Domestic homicides
- Child witnesses to domestic homicides

The researcher also searched for documents using the terms media violence, communities of conflict, and child witnesses in war zones. Staff from the Violence Prevention Initiative and Child Youth and Family Services (Health and Community Services) also assisted the author by identifying other useful resources for review. Electronic copies, as well as some paper copies, of documents retrieved in the search, are on file with the Violence Prevention Initiative office.

2.1 Definitions

To ensure consistency in reviewing material the researcher chose to use certain definitions of key words for family violence and children as defined in provincial legislation. For example, Newfoundland and Labrador's Family Violence Protection Act (2006) defines ***family violence*** as:

> ***3.*** *(1) ... (a) an assault that consists of the intentional application of force that causes the applicant to fear for his or her safety but does not include an act committed in self-defence;*

(b) an intentional, reckless or threatened act or omission that causes bodily harm or damage to property;

(c) an intentional, reckless or threatened act or omission that causes a reasonable fear of bodily harm or damage to property;

(d) forcible physical confinement without lawful authority;

(e) sexual assault, sexual exploitation or sexual molestation, or the threat of sexual assault, sexual exploitation or sexual molestation;

(f) conduct that causes the applicant to reasonably fear for his or her safety, including following, contacting, communicating with, observing or recording a person; and

(g) the deprivation of food, clothing, medical attention, shelter, transportation or other necessaries of life.

It is important to note that the *Family Violence Protection Act* recognizes both actual manifestations of violence as well as implied or threats or promises of violence. The Act also recognizes that violence is not only physical or sexual in nature, but also includes intentional neglect and deprivation of the basic necessities of life. Furthermore, in another piece of legislation, the *Child, Youth and Family Services Act* in Newfoundland and Labrador notes that ***a child living in situations where there is family violence*** is considered to be a child in need of protective intervention.

For the purposes of this research, the author has also adopted the definition of a ***child*** as "a person actually or apparently under the age of 16 years" as defined in the *Child Youth and Family Services Act* (1998).

The researcher also used definitions prepared by the VPI for various types of abuse (VPI, nd) as well definitions specific to children, provided by the RCMP (2007). The latter are contained in ***Appendix C: What is child abuse?***

III. WITNESSING FAMILY VIOLENCE

One of the earliest Canadian studies on the problems of children who live with family violence was carried out in Alberta in 1985 by WIN House, a shelter in Edmonton for battered women and their children. In their study, the authors reported:

> *Of the 336 children who accompanied their mothers to the shelter, the majority was found to have been abused in some manner. Nine out of ten children between 13 and 18, and two-thirds of the infants were seriously abused or neglected. One-third of all sexual abuse victims were boys. One-half of the abused children displayed behavioural and emotional problems severe enough to require referral to treatment agencies.* ***Children need not be physically or sexually assaulted to be hurt by wife assault. Those who witness violence in the home are also victims*** *(WIN House, 1985, emphasis added).*

The effects of being a witness to family violence are both short term and long term. In 1999, Feerick and Haugaard reported on their US study of college age women and their childhood experiences of family violence in the ***Journal of Family Violence*** (December 1999) . They found that:

> *Witnessing marital violence was associated with other family mental health risks, childhood physical and sexual abuse, and adult physical assaults by strangers. Women who witnessed marital violence reported more symptoms of posttraumatic stress disorder than other women, after family background and abuse variables were accounted for.*

Similar trends are evident in Canada. In her 2003 analysis of childhood aggression and exposure to violence in the home, researcher Tina Hotton notes that in both the 1993 Violence Against Women Survey and the 1999 General Social Survey on Victimization, respondents who reported being assaulted by their spouse also reported that their children witnessed the violence. Says Hotton:

> *Both surveys suggest that when children witnessed the violence, victims were more likely to report serious forms of abuse, more likely to suffer physical injury and more likely to fear their lives were in danger at some point during their relationship (op cit Dauvergne and Johnson, 2001).*

Hotton's literature review found that there were significant and immediate negative effects on children's development as a result of being exposed to family violence. These included ***direct effects*** such as learning to use violence in their own lives; becoming more accepting of violence as a means for conflict resolution, and becoming more likely to display violent behaviour themselves. Hotton also identified ***indirect effects*** of witnessing family violence. These included

experiencing losses as a result of the break down of family relationships and experiencing higher rates of emotional problems such as depression and anxiety (Hotton, 2003).

Hotton also describes the long term effects of witnessing family violence. Citing a number of research studies, Hotton concludes that in addition to the risk of becoming violent in adult relationships, there is also evidence that this exposure contributes to lower self esteem and becoming a victim. In particular, men are more likely to use violence and women are more likely to suffer from abuse in marital relationships (Hotton, 2003).

Gardiner and Johansson (2006) note that children who witness family violence are at risk for a wide range of internalizing and externalizing behaviour problems depending on the specific developmental stage, and are reported to be at higher risk of being violent in adult relationships. Internalizing behaviours include feeling depressed, sad, or anxious while externalized behaviours include acting out, being verbally aggressive and using physical force such as hitting.

3.1 Specific behaviours linked to witnessing family violence

The following describes some of the behaviours seen in children who witness family violence (RCMP, 2007). Sometimes these behaviours appear in clusters; at other times, they represent a change in the child's usual demeanour, behaviour, and/or health:

- self-blame, feelings of guilt and shame, clinging, extreme shyness, extreme and repetitive nightmares, loneliness, long bouts of sadness, social withdrawal, separation anxiety, fear of strangers, fear of others of same gender as abuser, general fearfulness, anxiety and phobias;
- feelings of being out of control, intrusive thoughts, feelings of stigmatization, insecure attachment to parents and caregivers, loss of faith, truancy, running away, fighting with peers, criminal offending, early use of drugs and alcohol, substance abuse;
- developmental delay, headaches, stomach aches, bed wetting and soiling, eating disorders, self-mutilation or burning, thoughts of suicide, dissociation, inappropriate sexual behaviour;
- extremely low self-esteem, difficulty trusting others, difficulty in problem-solving, relationship problems, high levels of anger and aggression, violent when angry, a victim or perpetrator of violence in dating.

The ***United Nations Study on Violence Against Children*** (2006) is a comprehensive report with one goal: to provide an understanding of the nature, extent, causes, and consequences of different forms of violence against children (physical, psychological, and sexual). It states:

> *The most apparent immediate consequences of violence to children are fatal and non-fatal injury, cognitive impairment and failure to thrive, and the psychological and emotional consequences of experiencing or witnessing painful and degrading treatment that they cannot understand and are powerless to prevent. These*

> *consequences include feelings of rejection and abandonment, impaired attachment, trauma, fear, anxiety, insecurity and shattered self-esteem.*(United Nations, 2006)

Most recently, new research has identified a possible link between children witnessing violence and increased incidences of asthma:

> *Exposure to violence, and other major psychosocial stressors, is known to affect the immune system and inflammation, which have a role in asthma development. In addition, those exposed to violence may adopt certain 'coping' behaviours that predispose them to asthma, such as cigarette smoking (Science Daily, May 2007).*

While researchers have identified impacts of witnessing violence that can be discussed generally as described above[4], it is also helpful to look at these impacts by specific age groups: infants and toddlers (0 to 3 years), pre-school and school age children (3 to 12 years) and teens (13-16). If we are to develop effective interventions to help children recover from their exposure to violence, we must also be sure they are appropriate for the child's age, gender, culture, and development.

3.2 Neural development and family violence

Dr. Bruce Perry[5] is a specialist in early childhood neural development. In the inaugural Margaret McCain Lecture (September 2004), he said:

> *The very biological gifts that make early childhood a time of great opportunity also make children very vulnerable to negative experiences: inappropriate or abusive caregiving, a lack of nurturing, chaotic and cognitively or relationally impoverished environments, unpredictable stress, persisting fear, and persisting physical threat. These adverse effects could be associated with stressed, inexperienced, ill-informed, pre-occupied or isolated caregivers, parental substance abuse and/or alcoholism, social isolation, or family violence. Chronic exposure is more problematic than episodic exposure.*

Of particular concern to Dr. Perry is the fact that infants and toddlers who are exposed to negative experiences such as family violence develop adaptive responses to cope with what they

[4] See the extensive bibliography contained in the Public Health Agency's **A Handbook For Health And Social Service Providers And Educators On Children Exposed To Woman Abuse/Family Violence.** Ottawa: Health Canada. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femexpose_e.html

[5] Dr. Perry's work in this area was groundbreaking in the mid-1990s. See also Perry, B. D. (1995) Incubated in terror: neurodevelopmental factors in the cycle of violence. In J. Osofsky (ed.), *Children, Youth and Violence: Searching for Solutions.* New York: The Guilford Press.

have witnessed. These include the "flight or fight" response and the dissociative (tuning out) response. It is not uncommon for children to display behaviours which reflect both responses. Yet the very responses which allow them to cope also create barriers to living normally.

According to Dr. Perry, children who are in a constant state of readiness to deal with whatever is or might be happening often display behaviours that are described as hyper vigilant, aggressive, defiant, wilful, and resistant. Physical effects include anxiety, panic attacks, and increased heart rate. Older children and boys are more likely to rely on the "fight or flight" response to cope.

Children who rely on being mentally absent focus on avoidance. Their demeanour is detached, they numb their feelings, and they may retreat into their inner selves, or a fantasy as a form of emotional protection. These children are often described as compliant, sometimes robotic, and use self soothing behaviours. Younger children and girls are more likely to rely on the dissociative response to cope.

Children who have grown up from infancy with violence are unable to assess life challenges in a normal way. They may "over think" their response, over react to an event, or respond in ways that are not appropriate. Dr. Perry concludes that:

> *... traumatized children may have less capacity to tolerate the normal demands and stresses of school, home, and social life. When faced with a challenge, for example, resilient children are likely to stay calm. Normal children in the same situation may become vigilant or perhaps slightly anxious. Vulnerable children will react with fear or terror.*

Because these responses are learned so very early, Dr. Perry hypothesizes there are long term cognitive and emotional effects, developed as a result of witnessing family violence in infancy. These effects are especially pronounced with respect to a child's ability to learn in both academic and emotional contexts as they grow older. As children also move between multiple communities such as faith based or sports organizations and systems such as justice and social services, not just school and family environments, a key consideration for future work is examining the lifelong implications on coping with life and death issues at such a young age and across several contexts.

3.3 Infants and Toddlers

Many women who report spousal abuse, note the violence began during the pregnancy or after the birth of the child (Government of Nova Scotia, 2006). Abuse may also get worse during pregnancy (Doherty, 2005). As a result of the physical abuse, there is the potential for risk to the foetus with respect to continued health and/or viability. The pregnant woman may rely on substances such as alcohol, tobacco and other drugs to cope with the stresses she is experiencing.

As poverty is also a factor for some women[6], there is also the risk for inadequate prenatal care and increased risk for low birth weight.

Because of a prior lack of data, many people believed that infants and small children, if exposed to family violence, did not experience the same effects as older children. Osofsky (1999) suggests this is because people believed children's innate resiliency and inability to process what they had witnessed were mitigating factors.

This perspective has changed; there is a growing body of evidence that exposure to family violence, even in utero, has significant effects on infants and toddlers. As noted earlier, Dr. Perry's research presents new evidence leading him to conclude that for this group of children, the consequences of witnessing family violence are:

- Physical -- Not having needs met, such as feeding, changing, burping, and cuddling, because an abused mother may have difficulty providing care and responding appropriately to the baby's needs
- Physical -- Experiencing poor sleeping patterns, frequent screaming episodes, frequent illnesses, or failing to thrive (specific medical condition)
- Physical – harm as a consequence injury if the baby is held when conflict begins
- Emotional -- Experiencing stress as a result of disrupted routines (interrupted feedings, naps, inconsistent caregiving, unexpected and loud noises such as screams, crashing, and banging, et cetera)
- Social -- Being unable to form a healthy emotional bond with either parent, leading to attachment and trust issues, as well as other psychological problems

Although infants may not understand what is happening when they witness family violence as violence, infants do react to tension, noise, and stress in their environment, or react to their mother's altered emotional state. Some infants may respond by becoming tentative in exploring their world, or they become frightened about playing (Baker & Cunningham, 2005)). Other specific concerns observed by Dr. Peter Jaffe (2002), long recognized as an expert in family violence, are:

- failure to thrive
- listlessness
- disruption in eating and sleeping routines
- developmental delays
- problems with attachment/trust

[6] The literature also indicates that a wide range of individual, family, community and societal factors may increase a child's risk of violence. Some of these risk factors include: age, gender (girls and boys are at risk for different kinds of violence), poor mental or physical health, exposure to family violence, and parental stress (due to alcohol and/or drug abuse, criminal activity, lack of social support, maltreatment as children and domestic violence). Finally, living in a single-parent family and living in a community in which inequality, unemployment and poverty are highly concentrated (Berger, 2004; Corcoran and Nichols-Casebolt, 2004).

- PTSD symptoms[7] such as re-experiencing the trauma; avoiding stimuli associated with the trauma; hyper-vigilance (increased arousal); numbing of responsiveness; irritability, and angry outbursts.

3.4 Preschoolers

As noted previously, there is often over lap between the different age groups. Dr. Perry has identified the range of responses of children who witness violence as being external (flight or fight) and internal (tuning out). At this stage (three to six year olds) the behaviours include:

- *Physical* – may experience symptoms related to Post Traumatic Stress Disorder
- *Emotional* -- preschoolers tend to yell more, stutter, shake, rock, have nightmares and other sleep disturbances. Children under 10 years tend to blame themselves and believe that they are the cause of the violence. Some children may also experience regression in their development (toileting, eating, sleeping etc)
- *Social* -- Many children who witness wife abuse are less able to solve personal problems in assertive and healthy ways. They may begin to learn the role of either the abuser or the victim and act out these roles. They may use aggression to solve problems with others at school. Children as young as two years old have been seen to act out adult violence they have witnessed. Children who witness wife abuse often have low self-esteem, feel anxious and fearful much of the time, misunderstand the actions of others, become withdrawn and confused, and have difficulty getting along with other children. (Ososfsky, 1999).

Dr. Jaffe also identified a progression of negative consequences or coping behaviours from the infant/toddler stage to the preschooler stage. These behaviours include aggressive acts, clinging, anxiety, cruelty to animals, destruction of property, and PTSD symptoms (Jaffe, 2002).

Of particular interest in this age group is the child's cognitive understanding of family violence. Some children believe they caused the fight between their parents; others retreat into fantasy and hope for a superhero to save them. The absence of one parent may cause anxiety that the custodial parent will also be leaving the child or they experience confusion because their caregiver/parent is also the abuser. There is also the risk that the child may inadvertently be injured because they do not know how to get out of the way of the abuser (LeHew, 2004).

3.5 School Age Children

Once children transition from the pre-school environment[8] with a focus on play to a formal educational environment with a focus on structured learning, there are differences in behaviour

[7] Incidentally, Dr. Jaffe observes that both children and teens exhibit the same Post Traumatic Stress symptoms described here.

attributed to witnessing family violence. What emerges in this age group are difficulties with functioning in the school environment and/or completing the work that is required at their developmental level. They also face difficulties in forming or maintaining healthy social relationships with their peers.

- *Physical* -- School aged children (from six to 12 years) show greater physical response with increased rates of withdrawal and anxiety, as well as other issues related to PTSD, and increased rates of aggressiveness and delinquency (Osofsky, 1999; Jaffe, 2002).
- *Intellectual/Cognitive* -- There are also impacts on intellectual development: school aged children who witness violence on occasion, or have witnessed it for a period of time (chronic exposure), may perform poorly, have declining grades, fail to complete school work, and/or have higher rates of absenteeism (Edelson, 2004; Jaffe 2002). The Fort Garry Women's Resource Centre highlights the fact that children who witness violence may experience issues with concentration, and sometimes this results in inappropriate diagnoses of attention deficit hyperactivity disorder (ADHD) (Fort Garry WRC, 2006).
- *Social and Emotional*-- In terms of their social and emotional development, these children also face challenges in developing healthy relationships or fostering what some researchers call social competence in negotiating the transition from elementary school to junior high school (Osofsky, 1999; Jaffe, 2002). In particular Jaffe notes that disrespect for females and stereotypical beliefs about sex roles are also evident in this age group. Finally, children also externalize their feelings through bullying other children, exhibiting oppositional behaviours, and destroying property (Jaffe, 2002).

Most significantly, children in this age group are becoming aware of consequences and dynamics in parental relationships. Binnie LeHew (2004) notes:

> *A child who watches a parent being physically hurt often experiences intense feelings of fear and helplessness. While simply watching violence is bad enough, watching the victimization of someone you depend on for protection and safety can be devastating.*

Unlike younger children, older children who witness violence may be able to keep themselves safe by hiding or leaving the family home because their problem solving skills are more developed. While this may mitigate the effects, LeHew, however, advises attachment issues are a concern depending on the relationship the child has with the victim or the abuser. She notes:

> *When there is domestic violence, a child may identify with the abusive parent (who appears to have power and control) or with the abused parent (who appears to be helpless). Limited exposure*

[8] Not all children are involved in organized child care or pre-school activities. Participation is dependent on many factors including access to affordable child care spaces. Recent data indicates that the number of child care spaces available across Canada is declining.

to healthy role models can affect personal relationships later in life.

3.6 Adolescents

According to Baker and Cunningham (2005): "*You may see teenagers who are victims of abuse, witnesses to abuse, perpetrators of abuse in the home, and/or who are involved in abusive relationships. A teen can be all four.*" The teen years can be challenging because it is a period of great change on many fronts. For teens who must also cope with family violence, the additional stresses create difficult life circumstances:

- *Physical* -- Anxiety, depression, suicidal feelings, stress, anger and aggression are emotional as well as physical effects experienced by teenagers (Jaffe, 2002). Teens who have witnessed family violence may have poor self esteem, exhibit symptoms of post traumatic stress disorder, and experience sleep issues.
- *Cognitive* -- Unlike younger children who believe they may have done something to cause the violence they witness, children who are older (aged 11 and up) don't usually take the blame for themselves. However, they may not assign responsibility to the abuser either. They may excuse him and side with him because he has the power in the family (LeHew, 2004). Teens also frequently assume parenting roles in their family and assume the role of protector (Baker & Cunningham, 2005)). They may feel angry with their mother for not protecting herself or they may be embarrassed by their family situation generally.
- *Social* – Growing up witnessing family violence influences how adolescents see relationships functioning. This means different things for teen males and females. For young men, this means they may develop and display controlling or abusive behaviours, while for young women, they may adopt submissive or passive behaviours. Without the positive role models needed to learn healthy relationship building, teens who have witnessed family violence may continue to hold onto the negative attitudes towards women that were fostered when they were younger.
- *Inappropriate or negative behaviours* -- In an effort to cope with these issues, teens may act in inappropriate ways such as using/abusing drugs and alcohol, becoming involved in risky relationships, and assaulting mothers and younger family members. Their actions may include running away from home, not attending school, feeling suicidal and/or attempting suicide, developing eating disorders, performing poorly in school both academically and socially, and engaging in criminal behaviour. For teens who use alcohol or drugs to cope with their family situation, there is also the increased risk for making unsafe or unhealthy choices while under the influence of either or both substances.

Dr. Jaffe (2002) also theorizes that adolescents who witness violence may also be more heavily influenced by negative media images of violent behaviour and stereotypical attitudes. New data from a study carried out by Anderson et al and published by the journal ***Psychological Science in the Public Interest*** and reported by *Science Daily* in March 2004 suggest that

In the short-term, media violence can increase aggression by priming aggressive thoughts and decision processes, increasing physiological arousal, and triggering a tendency to imitate observed behaviors. In the long-term, repeated exposure can produce lasting increases in aggressive thought patterns and aggression-supporting beliefs about social behavior, and can reduce individuals' normal negative emotional responses to violence.

IV. SPECIAL CONSIDERATIONS

4.1 Applying a diversity analysis

Different groups of people may experience the same phenomenon in different ways. Gender, culture, ethnicity, race, and social class are factors which influence how people receive and interpret information. In the same way that we can see general patterns of negative consequences for children as a group, we can also identify some differences when we examine specific age ranges. Similarly, applying a diversity analysis allows us to probe more deeply into individual experiences and understand how we may modify, adapt, or create new interventions for the best outcome with a particular group of individuals.

In this section, we will look at some of the work that has examined children's experiences of witnessing violence through the lenses of gender, aboriginal experience, and immigrant perspectives.

4.2 Gender differences in children's experiences

Most of the research examining the impact witnessing family violence has on children tends not to tease out gender differences. Partly this is because early studies have not had large numbers on which to base a significant gender analysis. However, with large groups and more sensitivity to gender, there is some information we can consider in understanding how girls and boys are affected differently by witnessing family violence.

Dr. Perry's work has identified that behaviours which focus inward (tuning out) are more likely to be seen in girls while behaviours which focus outward (fight or flight) are more likely to be seen in boys.

Some other common effects seen in girls and young women include:

- Young women who have experienced sexual abuse during childhood or adolescence may direct the resulting pain inward, developing various forms of self-destructive behaviour such as self mutilation and eating disorders.
- Girls who witness or experience abuses in their childhoods often suffer further abuse at the hands of boyfriends and male partners later in life.
- Girls may accept abuse from boys as a normal part of having a boyfriend.
- Girls may try having a baby as a means to have someone who will love them.
- Girls may more frequently act out their stress and anxiety by having health complaints (head-aches, stomach aches) and by passive, dependent behaviour (they get "picked on" and don't stand up for themselves).

In addition Dr. Jaffe's research suggests that:

- *Young women who witness violence do not choose men like their father but if they are abused they are less likely to seek safety and support than women without this childhood history.*
- *A man's history of witnessing violence in his own family is a more powerful predictor of a violent relationship than is a woman's childhood history of witnessing violence.*

According to Dr. Perry and Dr. Jaffe, some effects seen mostly in boys and young men include:

- Young men who have experienced abuse during childhood or adolescence may express this pain outward, being violent toward others. Evidence indicates that such experiences increase the likelihood of later perpetrating or experiencing abuse and hence the continuation of the cycle of violence.
- Boys are more likely to be aggressive.
- Boys may become abusive in their own dating relationships.

4.3 Aboriginal Experiences

In Canada, Aboriginal researchers have found that, at a minimum, one-quarter of Aboriginal women experience violence at the hands of an intimate partner; however, in some communities, that figure can be as high as 80 or 90% (Bopp, Bopp, & Lane, 2003). In most instances, this abuse happens repeatedly and involves serious physical harm, as well as psychological and emotional abuse. It is also important to realize that up to half of the men also report that a family member has abused them. They are much less likely, however, to experience physical injury at the hands of their spouses than are women.

Children[9] witness more than half of the violence that occurs between the adults in the home and are also targeted for abuse, especially sexual crimes, with up to 75% of Aboriginal girls under the age of 18 having been sexually assaulted:

> *If more than half the population of any community were threatened with a particular disease or had been harmed by a natural disaster, extreme measures would be taken to stop the problem and to help those who were suffering (Bopp, Bopp, & Lane, 2003).*

The following describes a range of effects documented in Aboriginal children and youth who have witnessed/experienced family violence. Some of these effects are similar to those documented in family violence research with pooled data. That is, some of the research collected

[9] As a comparison, research in Australia concludes that children of Aborigines who have witnessed family violence display nervous and withdrawn behaviour, anxiety, adjustment problems, few social interests, poor school performance, bedwetting, restlessness, psychosomatic illness, excessive cruelty to animals, aggressive language and behaviour (Freedom From Fear).

in this review does not provide disaggregated data based on race, ethnicity, or gender. However, there are some notable differences in physical responses and issues, most likely due to the high rate of sexual assault:

- *Physical* – Aboriginal children and youth experience problems such as venereal disease, pregnancy, frequent sore throats, choking or difficulty swallowing, frequent headaches and/or stomach aches, frequent exaggeration of minor illness, menstruation difficulties, sudden weight loss or weight gain, experiencing the body as numb, wearing many layers of clothes day and night, very frequent masturbation, poor posture, unkempt appearance
- *Emotional* – anger, unprovoked hostility or defiance, helplessness; fear of going home, of going to bed, of the dark, of closed rooms, of bathrooms, showers or rooms with only one entrance, of physical contact, of being left alone (especially with certain people) , unprovoked crying, depression, and mistrustfulness
- *Social* -- refuses or begs not to stay at home with certain people; regression to earlier age behaviour such as bed wetting, baby talk or thumb sucking; strong need to know what is happening next; constant "good" behaviour, trying to be perfect, extreme obedience; frequent lies; very controlling behaviour; will not accept blame for even minor problems; blames or criticizes others severely; sleep problems, night terrors; has trouble relating to others of the same age; sexually abusing of others; alcohol and drug abuse; suicide attempts; binge eating or refusing to eat; high risk taking; getting into trouble for no reason; theft, arson; destroying toys or other things; cruelty to animals; running away from home
- *School-related* -- difficulties with school; poor concentration; pretending to be dumb; difficulty in self-expression; super achiever rapid change in school; performance, usually from good to bad

However, while the research data describing the experiences of Aboriginal children are much more specific compared to studies focused on the general population, the effects of racism, social marginalization, and poverty are also key influencers. For example, Aboriginal women in New Brunswick have identified that there has been a huge loss in community wisdom, knowledge and leadership for their people. Consequently, young people do not have role models who can provide effective guidance in being adults, developing healthy relationships and lifestyles, and promoting cultural pride (Muzychka, 2007).

4.4 Immigrant Experiences

Much of the literature available on immigrant children's experiences of witnessing violence is either international or American in scope. According to the World Health Organization, the negative effects to children of living in a violent household are similar across culturally and geographically diverse settings.

Children living in violent households (where the mother reported physical abuse from the father) were more likely to have behavioural problems such as bed-wetting, nightmares, and excessively

aggressive behaviour or timidity, than those in non-violent households (WHO, 2005). This concurs with findings from Canadian researchers.

According to American researcher Jeffery Edleson (1999), his analysis of work examining the effects of witnessing violence identified few differences based on race and ethnicity. One study he cited looked at white, Latino and African-American families of battered women (op cit. O'Keefe, 1994); all the mothers in this study felt their children had serious issues as a result of witnessing violence or being abused. The exception focused on social competence: African American women rated their children as more socially competent compared to the other mothers' ratings.

Children who have lived with their families in communities of conflict,[10] or have been exposed to political conflicts such as war, terrorism, and government instability also show similar signs of stress, usually associated with PTSD. However, in some instances coping with this experience along with the challenges of living in a new country, perhaps learning a new language, and adjusting to new social, cultural, religious and community norms may create other sources of stress in the family unit (Preston, 2001). Authors Cenezero and Hortelano (2004) commented that

> *All these pressures and challenges can be very stressful and disempowering, and can make parenting more difficult than it otherwise would be, and more open to problems and breakdown.*

Immigration policy may be a factor in outcomes for immigrant children. According to Matthews (1999), immigrant children in the United States have the added burden of living with sometimes uncertain or precarious immigration status. Says Mathhews:

> *Domestic violence may have especially severe effects on children in immigrant families, who are affected not only by the cumulative effects of child welfare and welfare reform laws, but federal immigration laws as well.*

While Canadian immigration laws are different from those in the United States, lack of information and/or access to accurate information may prevent immigrant families from receiving appropriate help. Barbara Preston (2001) identifies some important issues for health and social service providers to be aware of in working with immigrant families. Along with being afraid of state authority and perceived lack of understanding, immigrant families may also be afraid of losing their children or being treated unfairly. Preston also reports:

> *because in many countries it is the extended family — not government — that deals with family problems, immigrant parents may not understand why authorities, police and courts get involved in family matters here in Canada. They may not understand that you are required by law to act in the best interest*

[10] Communities of conflict includes children living in neighbourhoods in dense urban areas where there is gang warfare, drug dealing and other extremes of anti-social behaviour such as alcoholism, drug use, and other substance use issues.

> *of the child. They may want to avoid involving authorities in family issues, because family issues are considered to be private. Many families believe that authorities have no right to interfere with their childrearing or child discipline practices; in fact, they may not believe it possible to raise children without corporal punishment.*

According to provincial data, Canada attracts 250,000 new immigrants a year and Newfoundland and Labrador receives approximately 450 immigrants annually. The new provincial immigration strategy has firm targets to triple the number of immigrants and double the retention rate by 2012. The province's Office of Immigration and Multiculturalism will promote the province to prospective immigrants, implement retention measures, and enhance settlement and integration services (NLIS, 2007).

It will be important to identify and address particular needs for this community. As Cenezero and Hortelano (2004) recommend:

> *Immigrant families need parenting support. Often, they need more support than Canadian born parents do. But that support must show respect for their cultural uniqueness. They need and deserve support that ensures integration of their beliefs and traditions, rather than assimilation and homogenization of practices and norms.*

And children need support as well. American researcher Amelia Berry (2006) highlights language barriers, lack of family support with school work and adapting to the norms of youth culture (fitting in) as issues facing immigrant children in the best of circumstances. However,

> *these problems are exacerbated when they are forced to change schools because of domestic violence or when they are struggling to cope with violence, often with little or no support. Often, immigrant children are made to feel that the violence in their family is a "cultural" problem; this alienates them from their community and their own identity.*

VI. GAPS IN RESEARCH

6.1 Local perspectives

There is little local research focusing on the experience of children in Newfoundland and Labrador, with two exceptions. In 1993, Lorna Bennett at the Memorial University School of Nursing carried out a small quantitative study in which she interviewed five young adolescent females about their experiences of witnessing marital violence. In 2007, the Gander Coordinating Committee received a grant from the Jackman Foundation to carry out community development work assessing the impact of witnessing violence on children. There is, as yet, no report available.

The researcher also contacted key people at the Memorial University of Newfoundland's School of Social Work to help identify new research at the graduate and post graduate levels. There is at present no new research in this area.

While there is an extensive body of literature examining the effects of witnessing family violence on children, what is notable is that very little is available in the form of first person stories by children about their experiences. It is important to provide a space in which the silence about family violence may be broken. Children who witness abuse, or experience it as the first hand targets, feel marginalized and isolated by their family situation. Knowing that others may have had similar experiences and what helped them cope positively would be helpful in reducing some of the negative consequences in both the short and long term.

6.2 Media violence

Increasingly children and adolescents are consuming media violence through movies, television, video games, and computer games. New research is examining the links between media violence and aggressive behaviour, and how this may affect children who live with family violence differently from those who do not. As previously noted, Jaffe (2002) has highlighted the potential reinforcement of negative attitudes acquired through the family violence dynamic from the messages and images represented in media, including television news, popular culture, films and video games. As new media gains ground, we will need analysis and assessments to understand what impact, if any, increased access to violent imagery and stereotypical attitudes (covering sexism, racism and homophobia) will have on exacerbating negative attitudes to violence or mitigating and neutralizing the negative consequences of witnessing family violence.

6.3 Domestic homicides

As noted in the introduction, domestic homicide has been featured prominently in media in the recent past in both local and national headlines. Recent data analysis in the United States and Canada shows changes in rates and patterns of domestic homicide. In 2005, for example, 1055 women and 287 men were killed by their partners in the United States (van Wormer, 2008)

compared to almost equal rates between men and women in the mid 1970s.. This led her to conclude that

> *The reason that women are resorting less to murder of their partners is most likely because many of these women were battered women who felt trapped in a dangerous situation. Today, the presence of violence prevention programming and the availability of shelters are paving the way to other options. The fact that domestic violence services apparently are saving the lives of more men than women is a positive, though unintended consequence of the women's shelter movement (van Wormer, 2008)*

Similar patterns, with a few differences, are evident in Canada, as documented by Chris Selley (2008) for Maclean's Magazine[11]:

> ***Spousal homicide is a significant contributor to the overall number of homicides**: 17 per cent of Canadians accused of murder in 2006 were accused of murdering their current or former spouse—78 incidents in total (including common-law relationships).*
>
> ***Overwhelmingly, the victims are women**: In 2006, 72 per cent of Canadians murdered by their spouses were female. That's lower than usual, thanks to a spike in murders of men by their wives. Over the 11 previous years, the rate was 82 per cent.*
>
> ***It affects all ages**: According to Ontario's Domestic Violence Death Review Committee (ODVDRC), the youngest person killed by his or her spouse in the province between 2003 and 2005 was 15; the eldest, 89. The youngest perpetrator was 21; the eldest, 89.*
>
> ***Stabbing is the most common cause of death**: Over that same period the ODVDRC found that 41 per cent of spousal homicides involved stabbing, 29 per cent a gunshot wound, 9 per cent a beating, 6 per cent strangulation, and 3 per cent each poisoning and burns.*
>
> ***It's more common in common-law relationships**: Between 1996 and 2005, only 14 per cent of spousal relationships were common-law, yet 39 per cent of Canadians killed by their spouses were living in common-law relationships.*
>
> ***Separation, divorce and child custody battles are aggravating factors**: The ODVDRC found that an "actual or pending separation" was associated with 79 per cent of the domestic homicides in Ontario between 2003 and 2005. Child custody disputes were associated with 21 per cent of cases.*

[11] ***Maclean's Magazine*** used Statistics Canada, for its source, unless otherwise indicated.

***Perpetrators are usually strangers to police**: A history of abuse is present in many cases of spousal homicide, but a Canadian Centre for Justice Statistics study found that only about a quarter of male perpetrators—and just 10 per cent of female perpetrators—had been reported to police for spousal abuse in the previous ten years. This is likely because few victims—roughly 36 per cent of women and 17 per cent of men—report domestic abuse to authorities.*

***Perpetrators often commit suicide**: Between 1997 and 2005, 26 per cent of those accused of spousal homicide nationwide later killed themselves. The ODVDRC found an even higher figure—41 per cent.*

***It's becoming less common**: The rate of spousal homicide in Canada has plummeted over the last 30 years—by 57 per cent for women and 76 per cent for men.(Source: Statistics Canada, unless otherwise indicated)*

Van Wormer (2008) acknowledges that the absence of a risk assessment process for people who are at risk of killing their domestic partners. However, she notes that some key issues emerge for consideration, which we have summarized below:

Primary risk factors

- Abuser's lack of education
- Abuser's heavy use of alcohol/drugs
- Wife/partner's plans for separation
- Presence of a child not related to the abuser

Significant risk factors

- Abuser's heavy use of alcohol/drugs
- Abuser's history of sexual jealousy
- Abuser's history of growing up in a violent home
- Age difference between abuser and wife/partner
- Abuser's anti-social and/or overly dependent personality
- Stalking
- Access to fire arms

Two issues emerge of interest: the first is that the presence of a child who is not the abuser's biological offspring is a risk, and second, the abuser's own experience of growing up in a violent home. The first allows us a point for assessment and intervention if the mother reports abuse. The second provides us also with an additional long term effect of witnessing and experiencing family violence.

Van Wormer also looks at the risk factors for murder suicide in intimate relationships. These risks are:

> *the man being white and older than the woman, being married, a pattern of pathological jealousy, a history of battering, depression and suicidal ideation, and a threat of separation. The key distinguishing factor between this and the more usual form of domestic homicide is the presence of depression and suicidal ideation.*

Similarly, in her retrospective analysis of domestic homicide in New Brunswick for the Silent Witness Project, researcher Dr. Deborah Doherty found that ending a relationship with the abuser led to increased risk. Her data was consistent with national data:

> *At least 10 of the silent witnesses were killed after they had ended the relationship with their partner. This is consistent with national data showing separation is a particularly dangerous time for women. Statistics Canada found that although more married women are killed by their spouses, the rate of homicide is greatest for women after separation. Nationally, almost half of the homicides committed by ex-spouses happen in the first two months of separation and 80% of murders by ex-spouses happen within a year of separating (Doherty, 2002).*

So, while it is not new, domestic homicide has been garnering scrutiny as a perceived failure in prevention. In many instances, domestic homicides are often preceded by reports of physical and emotional abuse, and the difficult circumstances of the relationship were known to people in the community (Petipas Taylor, 2008). Further, what also emerges from the research is that just as children are witnesses to family violence, there are instances where children witness the murder of their parent by the abuser.

In Newfoundland and Labrador, the murder of Sonya Rogers was reportedly witnessed by her toddler age son in January 2008. Van Wormer describes the aftermath of witnessing such an event as a key trigger for the development of post-traumatic stress disorder. While *"horror, intense fear, nightmares, and rage are normal responses to the abnormal situation,"* van Wormer also says there are other issues that need to be addressed when children are in the equation:

> *Children may face the instantaneous loss of both parents (one from death, the other from suicide or incarceration). Relatives may fight over who takes them or who has to take them. Divisiveness among relatives from both sides of the family may occur. The parents of the murderer often get no empathy and must grieve alone. For all survivors, this is often a time of much questioning of one's religious faith.*

VI. DEVELOPING EFFECTIVE RESPONSES

6.1 Mitigating Factors

The literature reviewed for this paper is clear that there are short term and long term consequences in witnessing violence as a child, and these consequences vary with age, gender, and culture. A key consequence is the loss of trust. The United Nations Study on Violence against Children describes learning to trust as an essential task of childhood (United Nations, 2006):

> *learning to trust ... is closely related to the capacity for love, empathy and the development of future relationships. At a broader level, violence can stunt the potential for personal development and achievement in life, and present heavy costs to society as a whole.*

When children are abused by the people they love and trust, and in places such as their home where they expect to feel safe and secure, this creates additional complications. As a result, this causes the child to feel fear, suspicion, uncertainty, and emotional isolation (United Nations, 2006).

Hotton (2003) notes that despite the research documenting the harmful effects witnessing violence has on children, there is also evidence showing that not all children are doomed to replicate their childhood family dynamic as adults. Hotton says:

> *There are many other important influences in a child's development that can aggravate or mitigate the negative effects of witnessing violence. Research focusing on the resilience and vulnerability of children exposed to family violence has identified a number of individual, family and community support factors that minimize risk among children who witness violence.*

Hotton identifies having high self-esteem and "psychological hardiness" as protective factors that help to mitigate the effect of witnessing violence. Other factors include

- the child's intellectual ability
- living in otherwise stable and socially connected households with high levels of social support.
- the child's good mental and physical health, temperament, intelligence,
- a strong sense of self-worth,
- parenting style (warm and loving as well as firm and consistent discipline),
- having parents of good mental health with strong social support networks,

- living in neighbourhoods with higher rates of employment, income and organization, and
- the presence of formal support systems such as community programs outside the school (op cit. Finkelhor and Ormrod, 2001; Freisthler, 2004). Statistics Canada 21, 2007

Additionally other research shows that how deeply children are affected also depends on their age when the abuse began, how the mother coped, and what help and support the child and mother receives (Nielsen, nd). One of the areas of concern we need to consider, however, is that many children who are growing up in homes where there is family violence face other family issues which keep them from developing the psychological hardiness or self esteem that will help them survive their experiences (McDonald, 2008).

Research that focuses on resilience and children and how strengthened family units enable children to recover from their traumatic experiences may offer some useful solutions to apply to other contexts in which children are exposed to violence. As Dr. Doherty notes in her review of health impacts of family violence:

> *... it is important to stress that exposure to family violence does not predestine individuals to negative outcomes. Family violence is not a determinant of life-long ill health. Most children and victims of intimate partner violence show remarkably positive coping strategies, such as* ***developing a positive relationship with a primary care giver, seeking out social support, and achieving subsequent positive life experiences****. These strategies help to foster the protective atmosphere that has been shown to reduce some of the harmful health outcomes of family violence. (Doherty, 2002) Emphasis added*

6.2 Developing effective interventions

Interventions, either at program or policy levels, should incorporate tools and processes which offer extensive social support at the time children are exposed to the violence, promote long term secure attachments to significant people such as friends, parent or family members, and encourage the development of supportive relationships in adulthood.

One example of effective program development comes from Prince Edward Island Family Violence Prevention Initiative (2006-2007). Programs are built by integrating key principles to guide interventions for adults and children who witness/experience family violence:

> *Safety and Stability - address the immediate needs of the non-abusive parent and child for safety and stability, including supporting their physical and psychological well being.*

Safety Through Empowerment - a family's safety is best achieved through the empowerment of the abused victim.

Empowerment Strategies - a coordinated team approach, treating abused victims as "deserving", adopting pro-active response strategies, and ensuring that the woman's choices are recognized and respected.

The PEI principles echo work carried out in other jurisdictions. For example, the United Nations (2006) has identified key principles to guide the development of effective interventions:

- Children need a safe and secure home environment.
- Children need to know that there are adults who will listen to them, believe them and shelter them.
- Children need a sense of routine and normalcy.
- Children need support services to meet their needs.
- Children need to learn that domestic violence is wrong and learn non-violent methods of resolving conflicts.
- Children need adults to speak out and break the silence.

As a result, to support children who have witnessed violence and to build on the United Nations principles, policy and program staff could adopt the following as possible program goals for this province:

- Affected families with children need secure transition housing, proper second stage housing, access to financial supports to obtain housing that meets their needs quickly
- The uncertainty children feel both in their environment and their relationships colours how they grow and develop emotionally, physically, socially and academically. Programs which offer help must provide consistency and child focused support as well as the tools to build healthy and positive relationships with peers and adults.
- Programs need to reflect understanding and awareness of how gender, race, ethnicity and culture can affect children's experiences of witnessing violence.
- Positive messages, effective strategies and modeling opportunities must be built in to provide children with alternative approaches to resolving conflicts and building and maintaining healthy relationships with family and peers.

It is important to note that in this province, existing programs and interventions for protective child services reflect similar values and principles as outlined by the United Nations (McDonald, 2008). A brief description of existing programs as well the principles contained within provincial legislation is contained in Appendix D: Summary of Programs and Principles.

6.3 Prevention and Solutions

Interventions address the immediate problems; Dr. Bruce Perry also focuses his work on preventive measures (Perry, 2004). He writes:

> *We are the product of our childhoods. The health and creativity of a community is renewed each generation through its children. The family, community, or society that understands and values its children thrives; the society that does not is destined to fail. To truly help our children meet their potential, we must adapt and change our world.*

Dr. Perry believes that preventing the kinds of effects observed in children who witness violence can be accomplished by

1. Promoting education about brain and child development by shaping sensitive caregiving at home, in early child care settings, and in schools through research and public education

2. Respecting the gifts of early childhood by integrating innovative, effective early intervention and enrichment programs in the community such as child care, foster care, education, and child protective services.

3. Addressing the relational poverty in our modern world by building connections, fostering empathy and limiting television use

4. Fostering healthy developmental strengths to help children meet the challenges of life and resourceful, successful in social situations, resilient, and may recover quickly from stressors and traumatic incidents.

Dr. Perry has identified six core strengths for children which may, in his view, *"inoculate children against the adverse effects of violence."* He says children who lack one or more of these core strengths, children may be vulnerable and/or cope less successfully with their home/school issues. The six factors are:

Attachment: forming and maintaining healthy emotional bonds and relationships

Self-regulation: containing impulses, the ability to notice and control primary urges as well as feelings such as frustration

Affiliation: being able to join and contribute to a group

Attunement: being aware of others, recognizing the needs, interests, strengths and values of others

Tolerance: understanding and accepting differences in others

Respect: finding value in differences, appreciating worth in self and others

It would be helpful for staff to review existing programs to ensure the development of these factors is being supported for children in need as well as for children generally as part of the focus on healthy child development.

6.4 Recommendations

In addition to ensuring the key principles outlined above for effective program development are maintained, there are other recommendations covering research gaps and the needs of specific communities. These include:

Intervention/Program Development

1) When preparing appropriate interventions, program and policy makers must

- include providing external supports to the mother and children (resources such as safe housing, transportation, and counselling and effective parenting techniques especially to restore confidence in the mother).
- build in additional training for health care, social service, justice and community based helping professionals so they may respond appropriately and sensitively to children's needs
- develop effective screening tools for risk assessment and service provision
- develop gender appropriate responses for girls and boys who are witnesses to family violence
- develop culturally appropriate responses for aboriginal children that address poverty and racism as part of the continuum of violence and including a component addressing issues of sexual abuse
- work with immigrant communities and cultural groups to assess the needs of immigrant children and their families who are living with domestic abuse

Research

2) The Violence Prevention Initiative work with Memorial University, other academic institutions and community based agencies to research issues related to child witnesses of family violence including

- how expectations about gender roles inform the responses girls and boys have to the violence they witness as this may be a factor in how effective intervention programs may be with respect to supporting healthy relationships, coping with stress and managing their fear and anger
- adapting and innovating new models of intervention including prevention and early intervention as well as crisis response to meet the needs of children in this province
- assessing the impact of domestic homicide (including murder suicide) on survivor children and child witnesses

3) The Violence Prevention Initiative should commission the creation of a document recording the voices and experiences of children who have witnessed family violence to share their experiences and to support recovery and the development of healthy coping mechanisms.

VII. CONCLUSION

There are numerous ways witnessing family violence and experiencing abuse can affect the child. The majority of effects seen in children who witness violence fall into four areas:

- behavioural -- aggression/depression/anger/anxiety
- social -- challenges in creating and maintaining relationships/friendships, potential isolation and marginalization, trust and attachment issues
- physiological -- physical effects in the body such as anxiety, stress, sleep disorders, and other common symptoms often associated with post traumatic stress
- school-related symptoms – difficulties with school structure, performance issues, absenteeism, poor peer relations

The research reviewed, spanning in some cases almost 20 years, is conclusive. Living in an environment where there is family violence can have a devastating impact on a child's overall cognitive, social, emotional and physical development because:

- The impact is long term: Experiencing violence early in life can set a pattern which extends throughout an individual's life (PHAC, no date).
- The impact is far reaching: *"violence is a social barrier that contributes to preventing access to the supportive environments that positively influence health and well-being"* (Canadian Public Health Association Journal, 1997, pp. v-vii).
- The home is a "toxic" environment: Fear, anxiety, anger and tension pervades the home compromising the child's well being and development (UPEI, 2006).
- Children are most vulnerable: Depending on its form, duration and severity, abuse may affect every aspect of a child's life. (Law Commission of Canada, no date)

Current research has demonstrated there are differences in the effects experienced by children, depending on their age, gender, race, and ethnicity. Further, the fact that children are, on occasion, witnesses to domestic homicides also raises new concerns and additional questions regarding future consequences. Additionally, new work must be undertaken as noted earlier, to document the voices of children who witness violence.

To break the cycle of violence effectively, we must address its roots comprehensively, sensitively and creatively. Children learn what they live, and if violence is part of their experience growing up, it will clearly be a part of their lives as adults. We must take steps to recognize the impacts on them and the families and communities in which they live. The research has also demonstrated that mitigating factors do contribute to healthier outcomes. We must develop and implement positive, remedial and supportive responses so these children may grow up to be part of a generation of healthy loving and caring individuals.

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APPENDIX A: BOY MAY HAVE WITNESSED MOTHER'S MURDER

CBC News Last Updated: Sunday, January 20, 2008 | 11:51 AM NT

Police have confirmed that a man and woman, both 23, died in a murder-suicide in northeastern Newfoundland and that a small child may have witnessed some of the violence.

RCMP Sgt. Wayne Newell said the man used a knife to kill the woman at a house in Summerford, where her body was found on Friday.

She had summoned police to the residence in a call made at 3 a.m.

"The man that was involved in this attack forced his way into the house upon which the woman had made a frantic call to police and the police response was immediate," Newell said.

"Upon the arrival of our members they located the female caller and she had succumbed to her injuries from the attack," he said.

According to neighbours, the two deceased might have dated in the past, but were "definitely not in a serious relationship."

Police are still trying to determine a motive for the killing, Newell said.

A small child in the house may have witnessed the attack, according to police.

Joan Jenkins, who lived in the other unit of the same duplex as the victim, said the child was the woman's son, who will be three in February.

Police said the man was later found dead in the shed of a family member in the community of Virgin Arm, six kilometres away. They have confirmed the death was self-inflicted.

Neither the names of the deceased nor autopsy results have been released.

APPENDIX B: POLICE CALL 5 DEATHS IN NORTHWEST CALGARY A 'DOMESTIC HOMICIDE'

CBC News Last Updated: Wednesday, May 28, 2008 | 7:51 PM MT

Three adults and two children found dead in a northwest Calgary home Wednesday were victims of a "domestic homicide," the city's police chief said.

During a police press conference at 4 p.m. MT, Chief Rick Hanson said the victims were two women and a man, all in their 30s, and two girls, aged four and six.

Four were members of the same family, while the fifth was a female tenant, Hanson said. He did not say how the victims died.

"As it stands right now, the preliminary indications are this is a domestic homicide," Hanson said. "Of course, we'll be looking at any other options that could possibly be involved, but we are saying at this point we are not looking for any suspects, and there is no current risk to the community."

Names of the five individuals have not yet been released, as police are still contacting next of kin. None of the adults involved were known to police, he said.

"We checked our records, and we have not been able to identify or locate any information that would indicate that we responded to that house for a domestic or any other type of complaint," Hanson said.

The bodies were found around 10 a.m. MT. A one-year-old girl was found crying in a crib, unharmed. Calgary police Insp. Frank Reuser said the girl is in the care of social services and doing "very well."

At least six police cars and an ambulance rushed to the home in the 5500 block of Dalhart Hill N.W., in the community of Dalhousie.

Kevin Brookwell, of the Calgary Police Service, told CBC News that a family member or friend went to the house early Wednesday to pick up one of the children for school and couldn't get a response. The person went into the house, then called police, Brookwell said.

Reuser, a 35-year veteran of the force who was visibly upset by the events, said the bodies were found throughout the home and none of the deaths was from natural causes. The major crimes unit has been dispatched to the scene, the police spokesman said.

Emergency workers to get counselling

All the emergency personnel who arrived at the scene first, including paramedics and police, have been sent for counselling to deal with what they saw inside.

"It's not something that we're comfortable in dealing with," Reuser said, his voice breaking as he said that five officers had been sent for counselling.

It was "not a very pleasant crime scene," he said.

Brookwell said that he has also heard "it's a difficult scene."

"Certainly all the officers there have indicated that it's not typically the type of scene that you can prepare for," he said, adding the deaths of the young children were "particularly disturbing."

'We don't get that much action on this street, and then all of a sudden, there were two police cars, then three and then four.' — *Neighbour Mia Albino*

"There is a certain human component that has touched a lot of people here at this scene."

In Edmonton, Jennifer Klein saw the house on a news website and recognized it as the home of her best friend and her family.

"I screamed and just waited," Klein told CBC News. She called and left a message for her friend.

"I called and just said, 'a family's been murdered and it's on your street and you need to call me right away because I need to know that you're okay,'" she said. "I guess she won't be calling."

Neighbour Mia Albino told CBC News that a family of two adults and three children had lived in the home on the quiet street for at least three years.

"It's very shocking for me," she said. "We don't get that much action on this street, and then all of a sudden, there were two police cars, then three and then four."

She described the family as normal, noting that her son had played soccer with the children at school on Tuesday.

"We don't know them really well. They were nice, really friendly. We saw them at community events," she said.

APPENDIX C: WHAT IS CHILD ABUSE?

Child abuse is the physical, psychological, social, emotional or sexual maltreatment of a child. It harms or endangers the survival, safety, self esteem, growth and/or development of the child. It can involve a single act or a pattern of incidents.

Physical abuse is the deliberate use of force against a child which results or may result in bodily harm. It includes behaviours such as shaking, choking, biting, kicking, burning, poisoning, holding a child under water, or any harmful or dangerous use of restraint. According to the National Clearinghouse on Family Violence, physical abuse is usually connected to punishment or confused with discipline.

Emotional abuse refers to acts or omissions that harm a child's sense of self in a way that causes or could cause behavioural, cognitive and emotional disorders. This includes making verbal threats and put-downs; forcing a child into social isolation; intimidating, exploiting, terrorizing or routinely making unreasonable demands of a child.

Sexual abuse ranges from sexual harassment to sexual activity. It includes attempted or completed sexual relations; touching or fondling genitals; exposing adult genitals; sexual exploitation; sexual harassment; and voyeurism.

Neglect occurs when the child's basic needs aren't being met. Physical neglect may involve inadequate food, clothing, shelter, cleanliness, medical care and protection from harm. Emotional neglect occurs when a child's need to feel loved, wanted, safe and worthy is not met.
Source: RCMP: http://www.rcmp-grc.gc.ca/crim_prev/child_abuse_e.htm (2007)

APPENDIX D: SUMMARY OF PROGRAMS AND PRINCIPLES

PROGRAMS

The Janeway Family Centre offers two programs:

A New Tomorrow Program – Is a 2 year program for families who are caught in a cycle of child abuse. Mothers in these families did not have their own needs met as children and experience physical abuse in childhood. This program was developed with the knowledge that these families have needs that cannot be addressed in short-term programs. The program includes: Weekly group session for mother (child car provided); Bi-weekly individual therapy (if required); and Individual therapy for children (if required).

Voices of Incredible Children Everywhere Group – VOICE is a treatment group for children and parents who experienced violence or fighting in their homes. Parents and children ages 7-12 years attend the group weekly (1 ½ hrs.) for 8 weeks. Parents and young children age 3-6 years go together for four group sessions. The group helps children to talk about fighting and violence so they know they are not alone. It helps children sort out how they feels about what has happened. The group teaches healthy ways to cope with feelings like anger and sadness. It helps them understand that violence is not their fault.

PRINICIPLES

Collaborative Approach to Family Violence (joint CYFS training with social workers and police)

The principles outlined in the collaborative Approach to Family Violence are consistent with the guiding principles in the document *Taking Action against Violence 2006.*

Principles

- Violation of rights
- Violence is a social problem
- The gender dimensions are pronounced
- Violence is power and control
- Violence affects women, men, and children
- Safety is priority
- It is a community responsibility
- Work with mothers
- Work cooperatively
- Get at the roots

Some of the Module Topics include: Introduction to Family Violence; Family Violence: Power and Control; Impact of violence on children on women; and Interdisciplinary work.

Importance messages throughout this training include:

- Safety of women and children is the priority. Prior to any intervention, safety must be assured. A woman should never be pressured to act to make a decision that places her in jeopardy.
- Children who have witnessed family violence are often in need of intervention. It is in a child's best interest to support the mother in her parenting role.
- Children are more than witnesses. They are involved and the involvement intensifies general with age. However even very young children, will often place themselves in the middle of the fight believing that they have the power to stop it.
- Children exposed to family violence are 15x more likely to be physically and or sexually assaulted that the national average.
- Children are affected by family violence at all ages and it can impair growth and development, including brain development. Later in life, these children are at an increased risk of drug/alcohol abuse; high-risk sexual behavior, and criminal activates ("Behind closed doors" UN Secretary general's Study on violence against children, 2006).
- The impact of the child must be understood from a development perspective.
- The bottom line is that the impact of violence for children can be devastating whether they see it directly or hear the verbal, physical violence from another room.
- Violence is a violation of basic human rights. Every person has a right to be free from violence of all forms-physical, sexual, psychological, and financial.
- Rights and equality are undermined in families where violence exists. When inequality exists, so does abusive power and control
- Family violence is not just about intimate relationships with a family; it is a complex social problem that has serious impact on society. Violence against women is pervasive world wide.
- Any person can be a victim of violence-men and women in heterosexual, lesbian, bi-sexual, gay, and transgender relationships.
- The gender dimensions of abuse are pronounced, with the majority of offenders being male and most victims being women and children. This is not to discount the fact that male abuse exists. Some men are seriously injured by women. However, the available evidence is that abuse of women is a more serious and widespread problem in Canada and worldwide.
- Violence is about power and control. The decision to use power and control in the home appears intentional.
- Violence affects women, men, and children, and can have short or long term effects. It is a serious public health concern(affecting physical, and mental well-being)
- Interdisciplinary collaboration and intervention is essential in responding to family violence.

- Family violence is a serious complex social problem and requires the intervention of many professionals in the legal, health, education systems and in the community.
- The needs of families exceed the capacities of any one agency and therefore coordination is necessary.
- Research show that when women have access to coordinated services, they are more likely to seek outside intervention.
- [Prevention is about getting at the root causes of violence. It requires systemic changes to promote gender equality, economic fairness, and respect for all, regardless of gender, or age. Also needed are legislative changes, and the elimination of norms/practices that legitimize violence. (I.e. in media, school violence etc).

Legislation and risk assessment

The *Child, Youth and Family Services Act, S.N.L. 1998 c. C-12.1.* is the legislative authority for the delivery of services to children, youth and families that includes Family Services, Protective Intervention Services, the In Care Program and Youth Services. This Act includes a number of initiatives and, established a framework for provision of services and supports to children and youth and their families. It promotes practice approaches that focus on early intervention and prevention to support children, youth and their families. The legislation provides authority for a provincial director and regional directors of Child, Youth and Family Services. The authorities and duties of both the regional directors and the provincial director are outlined in Section 4 and 5 of the legislation. Service delivery for programs and services under this Act rests with the four Regional Integrated Health Authorities. One of the legislated responsibilities of the Child, Youth & Family Services at the Department of Health and Community Services is to establish standards and policy that support these programs at the regional level.

The *Child, Youth and Family Services Act* provides the legislative framework within which services to children, youth and families are delivered in Newfoundland and Labrador. Its philosophical framework has clearly articulated principles that form the basis for program development and service delivery in the province of Newfoundland and Labrador. The framework focuses on services that are:

Child Centered: The child is the primary client and all programs and services must be developed and delivered in a manner that is child centered. All decisions that are made under this Act with respect to a child must focus first and foremost on the child's safety, health and well being.

Support Family Preservation: The legislation recognizes that families are the basic unit of society and are responsible for the safety, health and well being of their children. When they are experiencing challenges or difficulties, the programs and services under this Act are available to assist families with services to help maintain the family unit.

Are provided within the context of Permanency Planning: All decision making under this Act with respect to children must be done within a permanency planning framework. All children have a right and a need to a permanent, stable family environment and all interventions should be planned to promote permanency and stability in the child's life.

Using the Least Intrusive Means of Intervention: The philosophical framework of this legislation supports the delivery of services using the least intrusive means of intervention. This is supported in the principles of the Act. The use of least intrusive measures allows social workers to provide interventions to families along a continuum of supports and services. The child's safety, health and well being are the first and foremost consideration in decision making.

The Act has legislated principles to govern the provision of services to children, youth, and families. These principles are fundamental to the development of services and supports to children, youth and families within the context of their community. The principles in the *Child, Youth and Family Services Act* can be found in Sections 7, 8 and 9 and reflect the general, service and best interest principles respectively. They should be considered in all areas of our planning and decision making with children, youth and families.

The highlights of these principles include:

- The overriding and paramount consideration in any decision made under this Act shall be in the best interests of the child.
- The recognition of the importance of the community in supporting the safety, health and well being of children.
- The cultural heritage of a child shall be respected and connections with a child's cultural heritage shall be preserved.
- The importance of prevention activities in the promotion of the safety, health and well being of a child.
- Every child is entitled to be assured of personal safety, health and well being.
- Kinship ties are integral to the child's self development and growth and if a child's safety, health and well being cannot be assured within the context of their family, extended family shall be encouraged to care for the child where it has been determined that the child will not be at risk.
- Participation by children and families in the provision of services and decisions which affect them.
- Balancing a child's right to protection with the recognition, respect and support for the autonomy and privacy of the family.

The philosophical framework of the *CYFS Act* represents the manner in which we believe services should be delivered to children, youth and families. This framework focuses on the provision of services that are child centered, family focused, using the least intrusive means of intervention and are provided within a permanency planning framework. These beliefs are reflected in the principles, standards, policies and programs that are developed and delivered.

The Protective Intervention Program, mandated under the *Child, Youth and Family Services Act (CYFS Act)* provides directors and/or social workers with the authority to intervene, assess, and secure the safety, health and well being of children in accordance with the principles of the Act.

Section 14 of the *CYFS Act* provides the legislative authority for the director to investigate allegations that a child is or may be in need of protective intervention. Circumstances warranting this type of intervention are limited to the definition of a child in need of protective intervention as outlined in Section 14. While social workers have the authority to assess whether a child is at risk of maltreatment, it is only the court that can make a legal finding that the child is in need of protective intervention.

In accordance with Section 2(1) (d) of the *CYFS Act*, a child is defined as a person who is actually or apparently under the age of 16 years. In all cases the parent, as defined in Subsection 2(1)(i) of the *CYFS Act*, is the alleged offender. The parent, either through acts of commission or omission has maltreated the child or failed to protect the child where the child is or may be at risk of maltreatment by another person.

Any decision made on behalf of children is guided by the philosophy and principles set out in the *CYFS Act*. The overriding principle and paramount consideration in any decision is the best interest of the child. The legislation recognizes that the family is the basic unit of society responsible for the safety, health and well-being of the child and should be supported in that role. In accordance with this, the protective intervention program is designed to provide services to help strengthen and empower families to protect and nurture their children.

The legislation supports a range of responses to protect children. These can range, depending on the level of risk, from services placed in the home or to a more intrusive intervention, such as the removal of the child if that is the intervention necessary to ensure the child's safety. There are times, however, when a family may not be able to provide for the safety, health and well-being needs of the child and other means of intervention may have to occur. Whenever other means have to be implemented they shall be provided using the least intrusive means of intervention necessary to ensure the safety of the child. The *CYFS Act* includes a number of provisions to support social work intervention with children and families that are consistent with the philosophy of the Act.

The investigation of all referrals of a child in need of protective intervention is the primary responsibility of the social worker. While the social worker maintains the lead in the investigation of child maltreatment an accurate investigation can only be completed through collaboration with the police, other professionals and community resources. A *Memorandum of Understanding Regarding the Sharing of Information and Joint Investigations* has been established between the Department of Health and Community Services and the Department of Justice to formalize a coordinated response to the investigation of child physical and sexual abuse (see Section 2.2 for further information on the MOU). Coordinated services to children are also ensured through the Model for Coordination of Services which is a comprehensive, coordinated approach to help determine the needs of children and youth. The ISSP process is a critical component of this model that addresses needs/risks, goals, interventions, strengths/protective factors and other areas regarding services to families. Social work intervention with children, youth and families cannot be provided in isolation of the community in which these families reside. Engaging all relevant supports is a critical component of ensuring a comprehensive planning process. The legislation recognizes the responsibility of the community in supporting the safety, health and well-being needs of children and the fact that they may require assistance in fulfilling this responsibility.

Providing for the child's safety is an ongoing process throughout involvement with the family. The assessment of risk involves some of the most critical decisions that are made in the protective intervention program. The social worker's role with the family is to identify risks to the child and together with the family develop a plan and provide interventions to reduce those risks. By assisting the family in identifying their strengths and providing services that will build upon those strengths the social worker helps to increase the family's ability to protect the child. By working together they develop a plan that aims to facilitate behaviour changes and or alter the conditions leading to the risk for the child thus supporting the family in their role of providing for the safety needs of their child.

To assist directors and social workers in carrying out their mandate to provide protective intervention to children and families the Province of Newfoundland and Labrador uses a *Risk Management System (2003) (RMS 2003)* to ensure a comprehensive approach to the assessment of risk to children and to facilitate clinical decision making. Risk management is a formalized system for identifying, assessing, responding to and documenting the risk of child maltreatment throughout the life of a protective intervention case. All social work interventions with children and families are provided within the context of the standards established in the RMS 2003.

Infants	Preschool Children	Latency 5-12 Elementary School Ages	Early Adolescence 12-14 Years	Later Adolescence 15-18 Years
Failure to thrive Listlessness Disruption in eating and sleeping routines Developmental delays	Aggressive acts Clinging Anxiety Cruelty to animals Destruction of property PTSD symptoms	Bullying General aggression Depression Anxiety Withdrawal PTSD symptoms Oppositional behaviour Destruction of property Poor school achievement Disrespect for females; sex role stereotyped beliefs	Dating violence Bullying Poor self-esteem Suicide PTSD symptoms Truancy Somatic concerns Disrespect for females; sex role stereotyped beliefs	Dating violence Alcohol/drug abuse Running away from home Sudden decline in school achievement and attendance Disrespect for females; sex role stereotyped beliefs

Source: Public Health Agency of Canada. (No date, c. 2000). **A Handbook For Health And Social Service Providers And Educators On Children Exposed To Woman Abuse/Family Violence.** Ottawa: Health Canada. http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femexpose_e.html